

CHILD CARE EXCLUSION NOTICE FOR INCOMPLETE IMMUNIZATIONS

Child's Name: _____

Review of immunization records show that your child may not be adequately immunized as required by the Immunization Rules and Regulations (18 V.S.A. § 1123). Please obtain complete dates for the indicated immunizations and provide a record to us by ____/____/____ or your child will be **excluded** from attending childcare after that date.

If we do not receive this information from you before the date indicated, we will be forced to exclude your child from attendance. We regret that we must take this action, but state law required that children must be appropriately immunized in order to attend a Vermont child care. Our facility supports this policy. If you have questions or need additional information regarding vaccinations you may contact your health care provider or Vermont Department of Health Immunization program.

Vaccine Type	Dose/Doses Needed			
Hepatitis B (HBV or Hep B)	1	2	3	
DTaP (Diphtheria, Tetanus, and Pertussis)	1	2	3	4
HIB (Haemophilus Influenzae Type B)	1	2	3	4
PCV (Pneumococcal)	1	2	3	4
Polio	1	2	3	
MMR (Measles, Mumps, and Rubella)	1			
Varicella (Chicken Pox)	1 or history of disease			

Sincerely,

Signature

01/2011